Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-15-2010</u>	Address:	Lewis& Clark @
Case #:	<u>45F50938</u>		Blackston mill
County:	Clark	· ·	<u>Clarksville IN</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation Chemica Dumpsid	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s): <u>trunk vehicle</u>			
Flammable Solvents: trunk vehicle			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes ⊠ No	r age 18 discovered (check one) (number present) ort to Child Protective Services	Ephedrine	<u>: Information</u> :/Pseudoephedrine Tracking Log rchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Depa	nent: <u>Clarksville</u> rtment: <u>Clark</u> tion Service: <u>NA</u>	Fax: <u>812 28</u> Fax: <u>812 48</u> Fax:	***
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul N Andry Phone 812 482 1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.